

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005963

STATE FILE NUMBER

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 69

FILED FEB 19 1962

## 1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Jefferson City

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

c. CITY

OR TOWN

Jefferson City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

410 Broadway

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

George

Canada

Phillips

## 4. DATE OF DEATH

Month

Day

Year

February

9

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

May 27, 1877

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired railroader

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Brumley, Missouri

## 12. CITIZEN OF WHAT COUNTRY

American

## 13a. FATHER'S NAME

George Washington Phillips

## 13b. MOTHER'S MAIDEN NAME

Sarah Hollingsworth

## 14. NAME OF HUSBAND OR WIFE

Elva Dora Phillips

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Sarah Hazlett, Holt Summit, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Arrest

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic heart disease

3 years

## DUE TO (c)

Pulmonary Embolism

1 wk.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/25/59 to 2/9/62 and last saw <sup>her</sup> him alive on 2/9/62  
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. C. Mo. M.D.

## 22b. ADDRESS

515-E High St

## 22c. DATE SIGNED

2/12/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-12-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Riverview

## 23d. LOCATION (City, town, or county)

Jefferson City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home Inc.

J.C. Mo.

## 25. DATE RECD. BY LOCAL REG.

13 February 1962

## 26. REGISTRAR'S SIGNATURE

R. P. Harris M.D. Richter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.